

Blood-Stream Infection (CDC)

From: Lau, Mary Theresa [MaryTheresa.Lau@va.gov]
Sent: Wednesday, December 02, 2009 5:45 PM
To: Blood-Stream Infection (CDC)
Cc: Lau, Mary Theresa
Subject: CDC Guideline recs for the prevention of IV catheter related infection comments
Importance: High

Thanks for the opportunity to comment the latest CDC draft for prevention of IV catheter related infections.

1. I have used positive pressure valves since 2001 (2 different brands) & am aware of the literature about increased incidence of infections.
 - a. I have not found this to be the case here at my institution; I wish that recommendation would not advise the use of split septum, as a Category II. Last year our infection rate was 0.2/1000 cvc days since we started using the + pressure valves our infection rates have ranged from 0.2-2.1/1000 cvc days. Our goal is 0.
2. If arterial catheters do not need to be replaced routinely & can stay in for up to 7 days.
 - a. why is it recommended to change the transducer Q 96 hrs (I know that's what old data suggest) but at the same time (11) you recommend to minimize the number of manipulations..... I think the transducers should be good for 7 days, this will decrease the manipulations which is the way the Guidelines have gone over the past recent revisions. Less risk for contamination, with less manipulations. I am an Advanced Practice Nurse who is Certified in Infusion Nursing & Nutrition Support Nursing. My goal for CR-BSI is always 0, we are getting close.
3. I like the recommendation to use CHG to swab the hub/valves/caps-although there isn't much literature to support. My thought is that since we went needle-less some staff are under the impression that they no longer need to scrub the hub. This is at most institutions. This might help convince them of the critical importance now more than ever.

Thanks for your consideration.

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